

# Index of Claims



Application No.

09/131,693

Examiner

Bob Chevalier

Applicant(s)

CHOI, HOON-SOON

Art Unit

2616

✓	Rejected
=	Allowed

-	(Through numeral) Cancelled
÷	Restricted

N	Non-Elected
I	Interference

A	Appeal
O	Objected

Claim		Date									
Final	Original										
		<del>1</del>									
		<del>2</del>									
		<del>3</del>									
		<del>4</del>									
		<del>5</del>									
		<del>6</del>									
		<del>7</del>									
		<del>8</del>									
		<del>9</del>									
		<del>10</del>									
		<del>11</del>									
		<del>12</del>									
		<del>13</del>									
		<del>14</del>									
		<del>15</del>									
		<del>16</del>									
		<del>17</del>									
		<del>18</del>									
		<del>19</del>									
		<del>20</del>									
		<del>21</del>									
		<del>22</del>									
		<del>23</del>									
		<del>24</del>									
		<del>25</del>									
		<del>26</del>									
		<del>27</del>									
		<del>28</del>									
		<del>29</del>									
		<del>30</del>									
		<del>31</del>									
		<del>32</del>									
		<del>33</del>									
		<del>34</del>									
		<del>35</del>									
		<del>36</del>									
		<del>37</del>									
		<del>38</del>									
		<del>39</del>									
		<del>40</del>									
		<del>41</del>									
		<del>42</del>									
		<del>43</del>									
		<del>44</del>									
		<del>45</del>									
		<del>46</del>									
		<del>47</del>									
		<del>48</del>									
		<del>49</del>									
		<del>50</del>									

Claim		Date									
Final	Original										
		51									
		52									
		53									
		54									
		55									
		56									
		57									
		58									
		59									
		60									
		61									
		62									
		63									
		64									
		65									
		66									
		67									
		68									
		69									
		70									
		71									
		72									
		73									
		74									
		75									
		76									
		77									
		78									
		79									
		80									
		81									
		82									
		83									
		84									
		85									
		86									
		87									
		88									
		89									
		90									
		91									
		92									
		93									
		94									
		95									
		96									
		97									
		98									
		99									
		100									

Claim		Date									
Final	Original										
		101									
		102									
		103									
		104									
		105									
		106									
		107									
		108									
		109									
		110									
		111									
		112									
		113									
		114									
		115									
		116									
		117									
		118									
		119									
		120									
		121									
		122									
		123									
		124									
		125									
		126									
		127									
		128									
		129									
		130									
		131									
		132									
		133									
		134									
		135									
		136									
		137									
		138									
		139									
		140									
		141									
		142									
		143									
		144									
		145									
		146									
		147									
		148									
		149									
		150									

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mes</i>	70803	8/13
O.I.P.E. CLASSIFIER		19	8/14/98
FORMALITY REVIEW	<i>my</i>	70886	8-21-98

INDEX OF CLAIMS

✓ ..... Rejected  
 - ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	12/15/98
2	12/15/98
3	12/15/98
4	12/15/98
5	12/15/98
6	12/15/98
7	12/15/98
8	12/15/98
9	12/15/98
10	12/15/98
11	12/15/98
12	12/15/98
13	12/15/98
14	12/15/98
15	12/15/98
16	12/15/98
17	12/15/98
18	12/15/98
19	12/15/98
20	12/15/98
21	12/15/98
22	12/15/98
23	12/15/98
24	12/15/98
25	12/15/98
26	12/15/98
27	12/15/98
28	12/15/98
29	12/15/98
30	12/15/98
31	12/15/98
32	12/15/98
33	12/15/98
34	12/15/98
35	12/15/98
36	12/15/98
37	12/15/98
38	12/15/98
39	12/15/98
40	12/15/98
41	12/15/98
42	12/15/98
43	12/15/98
44	12/15/98
45	12/15/98
46	12/15/98
47	12/15/98
48	12/15/98
49	12/15/98
50	12/15/98

Claim	Date
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

Claim	Date
110	
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	
132	
133	
134	
135	
136	
137	
138	
139	
140	
141	
142	
143	
144	
145	
146	
147	
148	
149	
150	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(1 FET INSIDE)